

PART 2 - APPENDIX
COLORADO FAMILY PLANNING INITIATIVE

INTRODUCTION TO COLORADO FAMILY PLANNING INITIATIVE

In addition to the protocols outlined in the nursing and administrative manuals, agencies receiving money through the Colorado Department of Public Health and Environment (CDPHE) from the Colorado Family Planning Initiative must adhere to the protocols set forth in this appendix.

The Colorado Family Planning Initiative is funded by a confidential private donor. The initial award was received in the spring of 2008. This funding is expected to continue for **4-5** years.

Colorado Family Planning Initiative (CFPI) is private, not state, funding. It is from a confidential private donor and is distributed through the Colorado Department of Public Health and Environment's Title X Family Planning Program. Colorado Family Planning Initiative recipients must adhere by all Title X regulations. Any client receiving services supported with CFPI funds must be enrolled in the Title X Family Planning Program.

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COLORADO FAMILY PLANNING INITIATIVE PROGRAM REQUIREMENTS

Clients receiving contraceptive methods, tubal ligation or sterilization covered by CFPI funds, and any client seen as a result of CFPI activities must be registered as a Title X Family Planning client.

Long-Acting Reversible Contraceptive Methods

The Colorado Family Planning Initiative provides funding for long-acting reversible contraceptives (LARC), defined as contraceptive implants and IUDs. Though not considered a LARC method, at this time NuvaRing is also covered by this funding. This money may not be used to purchase any other type of contraceptive method. Funding for LARC methods is based on the estimated need of each delegate agency, which is guided by the number of total clients seen by each delegate agency **and past utilization of LARC at each agency**. It is up to delegate agencies to decide how to divide the methods money in regards to purchasing the aforementioned methods. A ten percent handling fee may be charged on the reimbursement form for each delegate agency to cover the cost of ordering and storing these methods.

Delegate agencies should list CFPI purchased long-acting reversible contraceptive methods (Implanon and IUDs) and NuvaRing as they normally would on the sliding fee scale (i.e. sliding from full fee to \$0) and charge accordingly, or they can choose to continue to waive these fees. Agencies should use any collected revenue to replace LARC stock. (see Financial Management portion of this appendix for further details). CFPI does not cover the cost of insertions **or removals** for these methods **without prior approval from CDPHE and inclusion in the approved CFPI sustainability budget**. Insertions and removal procedures will continue to be charged on the standard sliding fee scale.

Tubal Ligations & Vasectomies

The Colorado Family Planning Initiative provides funding for tubal ligations **(including Essure)** and vasectomies. Funding for tubal ligations and vasectomies is based on the estimated need of each delegate agency. It is up to delegate agencies to decide how to divide this money in regards to providing the aforementioned procedures. All permanent contraceptive procedures covered by CFPI funding must be listed at zero (\$0) for all income levels on the sliding fee scale. All guidelines in Section 1.7 – Sterilization of the Nursing Manual must be followed.

Any agency providing or referring clients for either tubal ligations or vasectomies must establish a follow-up protocol to determine if the client actually had the procedure and the reason any procedures were not completed. Agencies must maintain a record of all clients sent for referral and document the follow-up to record whether or not the procedure was completed, including the HSG, if indicated. This information is necessary for any future audits that may take place. This follow-up information should also be documented in the client's file.

Delegate agencies that provide sterilization procedures on-site must request reimbursement based on the ACTUAL cost of the procedure plus a referral fee. The reimbursement must not exceed \$675/vasectomy or \$2600/tubal ligation. Agencies performing sterilizations in-house must work with CDPHE to get an approved billing rate for these procedures (see Financial Management section of this appendix for further details).

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Those agencies that provide sterilization procedures by referral must have a Memorandum of Understanding (MOU) in place with the referral provider. The MOU must cover the following items:

- The total agreed upon fee/reimbursement rate, which must include:
 - For Vasectomy -
 - Reimbursement is based on the ACTUAL cost of the procedure plus a referral fee. The reimbursement must not exceed \$675/vasectomy
 - \$625 maximum may go to provider
 - \$50 maximum referral fee may go to the delegate agency
 - Agreed upon fee/reimbursement rate must include:
 - Post procedure sperm count
 - Post procedure 3-month clinic visit
 - Pre-op exam
 - Tissue sample and histology report (lab work) if done automatically
 - Lab fees must be concurrent with the Medicare reimbursement rate
 - For Tubal Ligation -
 - Reimbursement is based on the ACTUAL cost of the procedure plus a referral fee. Reimbursement must not exceed \$2600/tubal ligation
 - \$2500 maximum may go to provider
 - \$100 maximum referral fee may go to the delegate agency
 - Agreed upon fee/reimbursement rate must include:
 - Tissue sample and histology report (lab work) if done automatically
 - Lab fees must be concurrent with the Medicare reimbursement rate
 - Post-op follow-up
 - Essure:
 - 12-week post-procedure dye study

For any procedure the cost agreed upon by the agency and the provider(s) must also include the following (if applicable): surgeon, anesthesia, and facility costs. The allowable referral fee for which an agency may request reimbursement covers counseling, referral and recruitment. The agency may charge the client for the initial visit because the client may not return or choose not to have the procedure. If there is a charge for the initial visit it must be charged according to the standard Title X sliding fee scale.

Coverage of any unexpected complications is the fiscal responsibility of the client, not the provider or the delegate agency. The delegate agency is responsible to assist the client in identifying the available resources to deal with any such complication. The client assumes the financial responsibility of unforeseen complications, **as described in the Family Planning Program consent and the “Dear Family Planning Client” letter.**

All clients desiring a sterilization procedure must sign the federal consent form **at least 30 days before having a sterilization procedure. The form can be** located at http://www.hhs.gov/opa/pubs/download_pubs/download_pubs.html#sterilization. The delegate agency will be responsible for ensuring that the provider has this form and must request its return at the time of billing, **if not before.** The consent form must be kept in the client’s chart at the agency.

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If the agreed upon cost is less than the maximum allowable amount, the delegate agency may only request reimbursement for the actual agreed upon cost. It is also important to note that these procedures are charged as zero (\$0) for all income levels on the sliding fee scale. If a client is insured and sterilization procedure is covered by a third party, efforts should be made to have the procedure covered by the third party. Insured clients for whom a co-pay or deductible proves to be a barrier in obtaining a sterilization procedure should be given the same services as an uninsured client (i.e. receiving the procedure at no charge).

Tubal ligations and vasectomies provided for by the Colorado Family Planning Initiative must be included on the regular monthly **cost reimbursement forms** for the Colorado Family Planning Initiative discussed later in this appendix. **Reminder: Do not send identifying client information with reimbursement forms.**

If the physician is not able to complete the desired procedure due to unforeseen complications, CFPI funding may be used to reimburse the physician for time (office visit) at a reasonable agreed upon rate. In cases where the pharmaceutical company will cover the cost of a contaminated device, CFPI will not reimburse for the cost of the device. CFPI will pay for a second HSG at 6 months following an Essure procedure if the test at 3 months does not show total occlusion. If the physician has reason to believe that the same procedure or a comparable procedure could be completed at a later date CFPI will consider covering the cost of the second procedure on a case by case basis; the referring Title X agency must request approval from CDPHE prior to scheduling the second procedure.

Training

CFPI training funds should be used to participate in reproductive health trainings focused on LARC or increasing client numbers, and on training related to **sustainability of the Colorado Family Planning Initiative such as coding, billing and Medicaid enrollment**. This funding may be used to cover any expenses related to a legitimate training (i.e. travel costs and registration fees).

Sustainability Grants

All agencies **receive sustainability** grant funds from the Colorado Family Planning Initiative. **Work plan activities and progress** reports will be **done in conjunction with Title X work plans and progress reports**. **Progress reports will be due twice a year** according to the following schedule: **July-December** (Due **January**), and **January-June** (due **July**). Progress reports will consist of a brief evaluation of each activity listed in the work plan. This will be completed on **agency work plans**. No further information is necessary in the progress report, unless the agency wants to detail any successes and/or roadblocks encountered **during the reporting time period**.

CDPHE will also be monitoring the number of clients served at each agency on a monthly basis. If the actual number of clients **served** is significantly less than the goal, a brief (1-2 pages double spaced) explanation of why the goal was not met and what action the agency plans to take to improve the outcome in the next quarter **may be requested**. This may **also** require the completion of a Performance Improvement Plan.

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DATA MANAGEMENT

CDPHE must collect data in order to evaluate and report on the Colorado Family Planning Initiative to the confidential donors. The results of this **evaluation** will directly impact future funding from this source. Colorado Family Planning Initiative **sustainability** grant funding must **result in sustained** client numbers. CFPI funding must also result in an increase in usage rates of long-acting, reversible contraception, tubal ligations and vasectomies. It is extremely important to report all clients and the use of the aforementioned contraceptive methods in order to ensure continued funding.

CFPI's priority is increasing all qualified family planning clients, not just target clients. While there is still an emphasis on men and women with incomes at or below 150% of the federal poverty level and all teens, services should be extended to all family planning clients.

Data Collection for the Colorado Family Planning Initiative

Agencies must enter data into the IRIS II data system by the 15th of each month. The Colorado Family Planning Initiative staff will be informally assessing this data on a monthly basis in an effort to address any problems as quickly as possible.

IRIS has been updated to measure the number of men and women relying on vasectomies and/or tubal ligations as their method of contraception. These methods will be entered under method of contraception.

Delegate agencies are required to complete and submit a quarterly online survey in order to track the number and types of IUDs dispensed, Implanon inserted, and tubal ligation and vasectomies completed. Because of current limitations in the system, this data cannot be obtained from IRIS. Instructions for completing the survey will be sent to delegates via email by Colorado Family Planning Initiative staff.

How Does Data Reporting Affect Colorado Family Planning Initiative Funding?

The data collected regarding usage of contraceptive methods and additional clients will help guide the allocation of future Colorado Family Planning Initiative funds.

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FINANCIAL MANAGEMENT

Colorado Family Planning Initiative Fee Collection Policy

Delegate agencies should now list long-acting reversible contraceptive methods (Implanon and IUDs) and NuvaRing purchased with CFPI funds as they normally would on the sliding fee scale (i.e. sliding from full fee to \$0) and charge accordingly or agencies can choose to continue to waive these fees. Agencies should use any collected revenue to replace LARC stock.

- Agencies may not bill third parties for methods (IUDs, NuvaRing, Implanon) purchased with CFPI funds. Third party payers may be charged for associated procedures.
 - Agencies **billing Medicaid for IUDs/Implanon should** keep a separate stock of these methods for these clients. This stock cannot be purchased with CPFI funds and the separation plan must be approved by CDPHE.
 - For those methods requiring insertion and removal procedures, the cost of the procedure should be charged based on the same sliding fee scale and requirements as all Title X services. *Example: A client receiving an IUD **may** pay nothing for the IUD, but the fee for the insertion procedure will be based on her income.*
 - Refer to the Fee Collection Policy subsection in Section 1.4 - Fee Collection in the Administrative Manual for more information regarding sliding fee scales and income bracket designation.
2. As long as Colorado Family Planning Initiative allocated funding is available, no client for whom cost is a barrier, regardless of insurance status, will pay for tubal ligation or vasectomy. Colorado Family Planning Initiative covers the entire cost of both procedures not to exceed \$625/vasectomy and \$2,500/tubal ligation. Agencies may include a \$50/vasectomy and \$100/tubal ligation referral fee in the monthly invoice.
3. For those clients who have insurance that will cover some or all of the costs of voluntary sterilization procedures, the insurance company should be billed for the cost of the procedure instead of using Colorado Family Planning Initiative funds.
- Please refer to the Fee Collection Policy subsection of Section 1.4 - Fee Collection in the Administrative Manual for guidelines on billing insurance providers.
 - If a co-pay or deductible for the insurance company proves to be a barrier for any client, the required services must be provided at no charge. As with any other Title X service, no one is denied service due to inability to pay.

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Delegate Agency Invoice Instructions

As with Title X, agencies are required to submit monthly **cost reimbursement** forms. There are two Colorado Family Planning Initiative (CFPI) **cost reimbursement** forms which can be found at: <http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html?col2=open>. The first form is titled "CFPI Methods (LARC), Sterilization and Training." The second form is titled "CFPI **Sustainability Grant**." Agencies will be required to submit two cost reimbursement forms **for any given month where they incur sustainability costs and LARC, sterilization or training costs**. These are *in addition* to the regular Title X **cost reimbursement** form submitted each month. Colorado Family Planning Initiative **cost reimbursement forms** are due within 60 days following the month in which the expense was paid by the agency. Agencies are required to provide a detailed cost ledger/general ledger in order to be reimbursed for their expenses. In certain circumstances, listing the check numbers used to pay each bill can be substituted for a cost ledger.

The "CFPI Methods (LARC), Sterilization and Training" **cost reimbursement form** has three (3) cost categories that must be reported as follows:

- LARC Methods
 - Enter the amount spent on long-acting, reversible contraceptives (Mirena, ParaGard, NuvaRing and Implanon) in the previous month, including shipping. Under the subtotal portion, there is also a line to include up to 10% administrative costs related to handling and inventory stocking (administrative costs may not exceed 10% of the methods money).
- Procedures (including vasectomies, tubal ligations, Essures, & HSGs)
 - Agencies providing vasectomies, tubal ligations or Essures on site should not bill CDPHE more than the actual documented cost to the agency for performing the procedure, not to exceed \$625 per vasectomy or \$2,500 per tubal ligation or Essure.
 - **Agencies performing vasectomies, tubal ligations, Essures and/or HSGs in-house must work with CDPHE to get an approved billing rate for these procedures by providing the following information:**
 - ✓ **Is the procedure performed by a staff practitioner or a contract practitioner? If this is done by staff, please estimate the time a procedure takes and multiply it by the staff member's hourly rate to get the practitioner's cost related to the procedure. If this is done by a contractor, please list the contracted rate.**
 - ✓ **If a paid staff members oversees the work, estimate how much time that person might spend overseeing the procedure and multiply that by the staff member's hourly rate.**
 - ✓ **Determine what other medical staff members (such as a nurse, medical assistant or other staff member) assist in the procedure. Estimate the time involved in the procedure and multiply it by the staff members' hourly rate.**
 - ✓ **Apply your agency's fringe benefit rate to the salary costs associated with the procedure.**

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- ✓ Are clients given any pharmaceuticals before, during or after the procedure? If so, estimate the cost per patient for this medicine.
 - Does someone other than the provider or other staff member accounted for in the previous salary estimates administer the medicine? If so, please include that person's position, annual salary, and the amount of time that they spend with the patient.
- ✓ Estimate the cost of all the clinic supplies used in the procedure (i.e. drapes, table paper, bandages,).
- ✓ Estimate the cost for any standard follow-up visits:
 - How long are those visits scheduled for?
 - Describe who they meet with (i.e. MD, medical assistant, etc) and an average salary rate for these positions.
 - What is your cost for an HSG, sperm count or other indicated test, and do you generally only do one follow-up test per patient?
- ✓ Include any other applicable expenses that should be included in the cost of the procedure such as: medical waste disposal, medical liability, etc. List the annual cost by expense as well as the number of applicable client visits per year.
- ✓ The funder for this program does NOT allow indirect costs to be charged on most of the contract funds. In this case, it is prudent to allow agencies doing these procedures on-site to charge reasonable indirect costs, as CDPHE would reimburse any other off site provider enough to cover these costs. The indirect rate and the \$100 referral fee for each procedure should cover expenses relating to scheduling, utilities, and admin time related to the procedure.
- ✓ Describe any other costs that should be included in this analysis.
- Vasectomies
 - Agencies not performing vasectomies on site must have an agreed upon reimbursement rate established with the provider(s) documented in a signed Memorandum of Understanding not to exceed \$625/vasectomy, **which must include any standard pre/post-operative visits and follow-up sperm count.**
 - Enter the total amount spent on vasectomies in the previous month, also include the number of vasectomies performed and the agreed upon provider reimbursement rate (include the referral cost of \$50/vasectomy that goes to the agency).
 - Amount reimbursable per vasectomy must not exceed \$675 including the referral fee.

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- Tubal Ligations
 - Agencies not performing tubal ligations on site must have agreed upon reimbursement rate established with the provider(s) documented in a signed Memorandum of Understanding not to exceed \$2500/tubal ligation.
 - Enter the total amount spent on tubal ligations in the previous month, also include the number of tubal ligations performed and the agreed upon provider reimbursement rate (include the referral cost of \$100/tubal ligation that goes to the agency).
 - Amount reimbursable per tubal ligation is not to exceed \$2,600 including the referral fee.
- Essure
 - Agencies not performing Essures on site must have agreed upon reimbursement rate established with the provider(s) documented in a signed Memorandum of Understanding not to exceed \$2500/Essure.
 - Enter the total amount spent on Essures in the previous month, also include the number of Essures performed and the agreed upon provider reimbursement rate (include the referral cost of \$100/tubal ligation that goes to the agency).
 - Amount reimbursable per Essure is not to exceed \$2,600 including the referral fee.
- HSG
 - Agencies who are billed separately for HSG tests must include the number of tests the agency was billed for each month. Agencies who are not billed for HSG tests at the same time as the procedure must ensure that the total they are billed for each procedure is no more than \$2,500 for Essures or tubal ligations, including the HSG.
- Training
 - Enter the amount spent in the previous month on staff training.

The “CFPI **Sustainability Grant**” **cost reimbursement form** must be **completed** as follows:

- Agencies must only bill CDPHE for allowable expenses that were included in the agency's approved budget.
- Agencies must list the personnel that are being charged to the grant in the Personal Service section of the invoice. Agencies must list any contractual expenses in the next portion of the invoice.
- Agencies must list operating expenses in the 3rd portion of the invoice.
- Agencies may include Administrative costs of up to their budgeted amount or 10%, which ever is lower, in the Administrative Cost Line.

Agencies should include equipment or one-time expense in the One Time Expense portion of the invoice.